

***INDIANA
APPLICATION FOR RENEWAL OF
RIVERBOAT OWNER LICENSE***



This application contains:
Section A: Non Confidential Application Information
and
Section B: Confidential Application information

Disclosure of this information is REQUIRED. The Indiana Gaming Commission **will** require applicants to disclose additional information not covered by this application. Failure to provide information could result in revocation processing of this application.

Indiana Gaming Commission
South Tower, Suite 950
115 W. Washington
Indianapolis, IN 46204-3408
(317) 233-0046

INSTRUCTIONS FOR OWNER'S RENEWAL LICENSE APPLICATION FORM

APPLICANT FOR RENEWAL OF AN OWNER'S LICENSE IS SEEKING A PRIVILEGE. THE BURDEN OF PROVING ITS QUALIFICATIONS TO RECEIVE SUCH A RENEWAL IS AT ALL TIMES ON THE APPLICANT. APPLICANT MUST ACCEPT ANY RISK OF ADVERSE PUBLIC NOTICE, EMBARRASSMENT, CRITICISM, OR OTHER ACTION, OR FINANCIAL LOSS, WHICH MAY RESULT FROM ACTION WITH RESPECT TO THIS APPLICATION, AND EXPRESSLY WAIVES ANY CLAIM FOR DAMAGES AS A RESULT THEREOF. INFORMATION NOT CALLED FOR IN THIS APPLICATION OR IN ADDITION TO THAT PROVIDED IN RESPONSE TO THIS APPLICATION MAY BE REQUESTED. APPLICANT SHALL PROVIDE ALL INFORMATION, DOCUMENTS, MATERIALS AND CERTIFICATIONS AT APPLICANT'S SOLE EXPENSE AND COST.

The total cost of the investigation conducted pursuant to this application shall be borne by applicant. In addition, applicant is responsible for the payment of all application and license fees required under the Act and the posting of the bond required under the Act.

Applicant should respond to the questions contained in this application to the best of its knowledge. **Any misrepresentation or omission is grounds for application denial or disciplinary action by the Indiana Gaming Commission.**

Applicant is under a continuing duty to disclose promptly any changes in the information provided in the application and requested materials submitted to the commission. The duty to make additional disclosures continues throughout any period of the licensure granted by the commission.

Type or print the answers to questions in black ink.

If the answer or material response to a question has been provided in response to another portion of the application, refer to the other portion.

The male pronoun when used in this application includes the masculine and feminine and neuter and also the plural, as appropriate.

A. FORMS AND DOCUMENTS

Submit one (1) bound original, three (3) bound copies and two (2) unbound copies of the application, labeled with applicant's name, along with the following information:

1. Owner's Renewal License application form.
2. Exhibits and schedules.
3. Applicant's consent to release information.
4. Release of all claims.
5. Affidavit of full disclosure.
6. Verification.

7. Local government consent documents: Applicant shall submit copies of any ordinance, proclamation, resolution or other document supporting riverboat gambling and authorizing or approving the docking of riverboats conducting a riverboat gambling operation by the governing body of the municipality or county in which a proposed docking site is located.
8. Documents of support: Applicant shall submit copies of any resolutions, testimonials, or letters of support and reference regarding the reputation, character and experience of applicant.

B. APPLICATION FEE

The following fee must be submitted with this application by applicant:

A cashier's check or certified check in the amount of \$5,000 for the initial payment of the renewal application fee. Any form of payment must be made payable to the State of Indiana. Any additional cost of investigation will be charged as provided by statute, rules, or interim written guidelines of the commission.

TRANSMITTAL LETTER

EXECUTIVE DIRECTOR
INDIANA GAMING COMMISSION
South Tower, Suite 950
115 W. Washington
Indianapolis, IN 46204-3408

Dear Sir:

_____ does herewith make application
(Applicant's Name)

for Renewal of Owner's License to conduct a riverboat gambling operation in

_____.
(City or County)

In accordance with the Riverboat Gambling Act, the applicant submits with this application a cashier's check or certified check in the amount of \$5,000 and a statement indicating intent to continue the riverboat gambling operation.

The applicant agrees to disclose and to require all of the persons associated with the applicant to disclose all information, documents and other material which the Indiana Gaming Commission may request at any time.

The applicant agrees to furnish any additional information, documents and other material requested by the Indiana Gaming Commission, and agrees that such additional material shall be made a part of this application.

The applicant acknowledges that neither the acceptance of this application nor the issuance of a renewal license implies that the Indiana Gaming Commission admits the truth of the statements made in this application, or its approval of the statements. The acceptance or the issuance of a renewal license shall not constitute waiver or agreement by the Indiana Gaming Commission with respect to any material contained in the application or supplement to application.

The applicant further acknowledges that any license or any interest in any license issued by the Indiana Gaming Commission is not transferable, and that subsequent legislation, rule, or action by the commission may diminish the value of any license issued by the Indiana Gaming Commission to any extent possible.

Respectfully submitted,

Applicant's Name

By: _____
Print name and Title

Date: _____

RENEWAL OF RIVERBOAT
OWNER'S LICENSE

Name of renewal applicant

Doing Business As

Business address (Do not enter a P.O. Box)

City

State

County

Zip Code

Telephone w/area code

Federal Identification Number

Indiana Taxpayer Identification Number

Mailing Address

City

State

County

Zip Code

Fax Number

Attorney representing the Licensee before the Commission

Name of Attorney

Firm Name

Business Address

City

State

Zip Code

Phone Number

Fax Number

Contact Person (if different from above)

Name of Contact Person

Title

Business Address

City

State

Zip Code

A. Discloseable Information

1. State whether Licensee is required to file reports with the Securities and Exchange Commission:

Answer:_____

If the answer is “yes”, submit as **Exhibit 1** a schedule identifying all documents filed with the Securities and Exchange Commission during the 5 years of licensure.

2. Submit as **Exhibit 2** a current organizational chart of Licensee including names and titles.
3. Submit as **Exhibit 3** a current corporate structure organizational chart showing all companies above and below the licensee.
4. State if there have been any changes to the key persons, as defined in 68 IAC 1-1-57, with the Licensee: **Answer:**_____

If the answer is “yes”, submit as **Exhibit 4**, a list of all key person changes, the reason for separation from the Licensee, if the key person currently holds a gaming license in any other jurisdiction, their relationship to Licensee, and if the key person holds any ownership interest in Licensee.

5. Submit as **Exhibit 5** any new business activities of any kind outside of Indiana.

If none, initial here_____

6. Submit as **Exhibit 6** any new gaming-related licenses obtained or being issued by any jurisdiction during the period of licensure.

If none, initial here_____

7. Submit as **Exhibit 7** any stock or equity interest in a business entity that has been acquired by or on behalf of Licensee for any purpose other than investment.

If none, initial here_____

8. Submit as **Exhibit 8** Licensee’s registered agent(s), legal service representatives, accounting service representatives, banking and financial service representatives.

9. Submit as **Exhibit 9(a)** through **(c)**, if in any other jurisdiction the Licensee or an affiliate has:

- (a) Voluntarily withdrawn a gaming license application?
- (b) Been refused a gaming license or been cited for lack of suitability?
- (c) Been a participant in any group, which has been denied a gaming license?

If none, initial here_____

10. Submit as **Exhibit 10** if Licensee has experienced difficulties with or been cited by a regulatory or enforcement agency for infractions related to:
- (a) Patron safety on board the riverboat, to include fires and water safety.
 - (b) Medical facilities available to patrons
 - (c) Sale of alcohol to patrons
 - (d) Patrons access to Licensee's docking site.
- If none, initial here_____
11. Submit as **Exhibit 11** describe any public reprimands, disciplinary actions, other citations, or agreements in lieu of disciplinary actions from any other jurisdiction to the Licensee or any affiliate.
- If none, initial here_____
12. Submit as **Exhibit 12** if a licensing authority granting other than gaming-related licenses ever denied an application from Licensee, refused to renew a license or certificate for Licensee or subjected Licensee to disciplinary action.
- If none, initial here_____
13. Submit as **Exhibit 13**, a list of all legal actions, including pending or threatened litigation or administrative action not elsewhere disclosed in the application that the Licensee has been a named party during the current period of licensure.
- If none, initial here_____
14. Submit as **Exhibit 14** any public official, officers or employees of any unit of government, or relatives of said public officials, officers, or employees, whom:
- (a) Directly or indirectly own any financial interest in Licensee or have options to obtain the same.
 - (b) Have any beneficial interest in Licensee
 - (c) Are the creditors of or hold any debt instrument issued by Licensee
 - (d) Hold or have any interest in any contractual employment or service relationship with Licensee.
- If none, initial here_____
15. Provide, as **Exhibit 15**, any amendment and/or addendum to the Development Agreement since the issuance of the Licensee's Certificate of Suitability. What future plans do you have for any discretionary giving?
- If none, initial here_____

RENEWAL OF RIVERBOAT OWNERS'S LICENSE APPLICATION FORM-SCHEDULE OF EXHIBITS

This Schedule relates to the Application of:

Complete Name of Applicant

to conduct a Riverboat Gambling Operation on the _____ River/Lake with Docking Facilities
at _____ in the County of _____ during calendar years 20__ to 20__.

Exhibit 16:

If an Exhibit is not applicable, indicate "N.A.".

Exhibit Number	Person who made or directed preparation of Exhibit (state which)	Official Title
1		
2		
3		
4		
5		
6		
7		
8		
9(a)		
9(b)		
9(c)		
10		
11		
12		
13		
14		
15		

B. Confidential Information

16. Submit as **Exhibit 16** copies of Licensee's most recently filed State of Indiana and Federal income tax returns and copies of any amendments to the State of Indiana and Federal income tax returns filed during the current period of licensure.
17. Submit as **Exhibit 17** if Licensee has been delinquent in the payment of, or in dispute over the filings of, any tax required under federal, state or municipal law. This information is to include but not limited to: late filings of RG-1 through RG-9 for the past 5 years indicating the date and reason for the late filing and any action to seek a tax refund, credit, etc.
18. Submit as **Exhibit 18** if any federal, state or municipal tax penalties or interest assessed against Licensee as the result of an audit. This information is to include but not limited to: Title 31 compliance reviews conducted by the Internal Revenue Service.
19. Submit as **Exhibit 19** if Licensee, key person, or occupational license level 1 holder has been involved in an investigation by any federal, state or municipal agency.
20. Submit as **Exhibit 20(a)** and **(b)**, as applicable, copies of the following documents which apply to Licensee:
 - (a) an annual balance sheet for each of the five (5) years the licensee has been in operation.
 - (b) the amount and nature of any anticipated future investments in the Indiana Riverboat Project.
21. Submit as **Exhibit 21** what your company has done over the past five (5) years, programmatically and financially, to address problem gambling in your community. Additionally, what does your company plan to do over the next three (3) years, programmatically and financially, to address problem gambling in your community.
22. In the area of workforce development, submit as **Exhibit 22(a)** and **(b)**:
 - (a) What has your company done over the past five (5) years to develop and retain your present workforce? i.e. fringe benefits, insurance & employee incentives.
 - (b) What has your company done over the past five (5) years to develop a future workforce?
23. Submit as **Exhibit 23(a)** through **(c)** the following information which will be utilized for a financial analysis:
 - (a) For the Parent/Public Company, the last three (3) years of the following information:
 1. Annual Reports
 2. 10K's and 10Q's
 3. Most recent prospectus for debt offering/refinancing
 - (b) For the Indiana property (past three (3) years).
 1. Budget
 2. Balance Sheet
 3. Cash flow statement
 4. Income statement (profit/loss)
 5. Owners equity statement

(c) For the Indiana property (next three (3) years).

1. Budget
2. Balance sheet
3. Cash flow statement
4. Pro forma income statements

On behalf of _____,
(Applicant's Name)

I, _____,
(Affiant)

hereby acknowledge that the Indiana Gaming Commission will require supplemental materials in
order to carry out its statutory duties. _____,
(Applicant)

hereby agrees to submit supplemental materials as requested by the commission.

Signature

By _____

Its _____

Date _____

AFFIRMATION

I affirm, under the penalties of perjury, that the information set forth in this document is true and complete, to the best of my knowledge.

Signature

Printed Name

Date

APPLICANT'S REQUEST TO RELEASE INFORMATION

TO: _____

FROM: _____

Applicant's Name

1. Applicant hereby authorizes and requests all persons or entities to whom this request is presented having information relating to or concerning Applicant to furnish such information to a duly appointed agent of the Indiana Gaming Commission, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or other legal privilege.
2. Applicant hereby authorizes and requests all persons or entities to whom this request is presented having documents relating to or concerning Applicant to permit a duly appointed agent of the Indiana Gaming Commission to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory or other legal privilege.
3. If the person or entity to whom this request is presented is a brokerage firm, bank, savings and loan, or other financial institution or an officer of same, Applicant hereby authorizes and requests that a duly appointed agent of the Indiana Gaming Commission be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to Applicant, including but not limited to past loan information, notes co-signed by Applicant, checking account records, savings deposit records, safe deposit box records, passbook records, and general ledger folio sheets.
4. Applicant hereby makes, constitutes, and appoints any duly appointed agent of the Indiana Gaming Commission Applicant's true and lawful attorney in fact for Applicant in Applicant's name, place, stead, and on Applicant's behalf and for Applicant's use and benefit:
 - (a) to request, review, copy, sign for, or otherwise act for investigative purposes with respect to documents and information in the possession of the person or entity to whom this request is presented as Applicant might;
 - (b) to name the person or entity to whom this request is presented and insert that person's or entity's name in the appropriate location on this request;
 - (c) to place the name of the Indiana Gaming Commission agent presenting this request in the appropriate location on this request.
5. Applicant grants to said attorney in fact full power and authority to do, take, and perform all and every act and thing whatsoever requisite, proper, or necessary to be done, in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as Applicant might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said attorney in fact, or his substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.

6. This power of attorney ends eighteen (18) months from the date of execution or at the termination of all licenses issued to Applicant by the Indiana Gaming Commission, whichever occurs later.

7. Applicant has filed with the Indiana Gaming Commission an "Application". Applicant understands that Applicant is seeking the granting of a privilege and acknowledges that the burden of proving Applicant's qualifications for a favorable determination is at all times on Applicant. Applicant accepts any risk of adverse public notice, embarrassment, criticism, or other action of financial loss, which may result from action with respect to this Application.

8. Applicant does, for itself, its heirs, executors, administrators, successors and assigns, hereby release, remise, and forever discharge the person or entity to whom this request is presented, and his or its agents and employees from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known or unknown, in law or equity, which Applicant ever had, now has, may have, or claims to have against the person or entity to whom this request is presented or his or its agents or employees arising out of or by reason of complying with this request.

9. Applicant agrees to indemnify and hold harmless the person or entity to whom this request is presented and his or its agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorneys' fees arising out of or by reason of complying with this request.

10. A reproduction of this request by photocopy shall be for all intents and purposes as valid as the original.

IN WITNESS WHEREOF, I have executed this request at _____,
(City)

_____ on the _____ day of _____, 20_____.
(State)

Applicant

By: _____

Its: _____

STATE OF _____ SS:

COUNTY OF _____

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared _____ and acknowledged the execution of the foregoing instrument as his/her voluntary act and deed.

WITNESS, my hand and Notarial Seal, this _____ day of _____, 20____.

Notary Public, Written Signature

Notary Public, Printed Signature

My commission expires: _____

County of Residence: _____

The undersigned has filed with the Indiana Gaming Commission ("Commission") certain forms and documents in connection with a written request for licensing renewal by the Commission ("Application"). In consideration of the assurance by the Commission that no vote on said Application will be taken except after a deliberate, intensive and thorough investigation of the undersigned, including but not limited to background, associates, and finances, the undersigned does for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise, and forever discharge the State of Indiana, the Commission, its members, agents, and employees, from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known or unknown, in law or equity, which the undersigned ever had, now has, may have, or claim to have against any or all of said entities or individuals arising out of or by reason of the processing or investigation of or other action relating to the Renewal Application.

I, the duly authorized _____ of the undersigned, have read this affidavit and understand its terms. On behalf of and in accordance with the instructions of the undersigned, I execute it with full knowledge that the undersigned will be bound hereby.

IN WITNESS WHEREOF, I have executed this request at _____,
_____ on the _____ day of _____, 20____.

Applicant

STATE OF _____ SS: By: _____

COUNTY OF _____ Its: _____

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared _____ and acknowledged the execution of the foregoing instrument as his/her voluntary act and deed.

WITNESS, my hand and Notarial Seal, this _____ day of _____, 20____.

My commission expires _____

Notary Public, Written Signature

County of residence _____

Notary Public, Printed Signature

State of _____ SS:

County of _____

I, _____, being the duly authorized _____
(Officer) (Office)
of _____, being first duly sworn upon oath or affirmation, depose and state:
(Name of Applicant)

that, except as reported in Applicant's Renewal Application ("Application"), Applicant has no agreements or understandings with any person or entity and no present intent to hold as agent, nominee or otherwise any interest in the Application;

that, except as reported in the Application, Applicant has no agreements or understandings with any person or entity and no present intent to pay any sums of money or give anything of value as, including but without limitation, a finder's fee or commission to any person or entity related to the acquisition of any interest in the Application;

that, except as reported in the Application, Applicant has no agreements or understandings and no present intent to pay any sums of money or give anything of value as, including, but without limitation, a finder's fee or commission to any person or entity related to the sale of any interest in the Application;

that any funds used or to be used, and any liabilities incurred or to be incurred by Applicant in the acquisition of any interest in the Application were not provided to Applicant or made available to Applicant through the efforts of any person or entity not reported in the Application;

that, except as reported in the Application, no person or entity has provided collateral for or guaranteed payment of any loans made to Applicant which relate to the Application.

I, the duly authorized _____ of the undersigned, have read this Affidavit of Full
(Office)

Disclosure and understand its terms. On behalf of and in accordance with the instructions of the undersigned, I execute it with full knowledge that the undersigned will be bound hereby.

Applicant

By: _____

Its: _____

Address: _____

STATE OF _____ SS:

COUNTY OF _____

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared _____ and acknowledged the execution of the foregoing instrument as his/her voluntary act and deed.

WITNESS, my hand and Notarial Seal, this _____ day of _____, 20____.

Notary Public, Written Signature

Notary Public, Printed Signature

My commission expires : _____

County of Residence: _____

VERIFICATION

I, _____, being the duly authorized _____
(Officer) (Office)
of _____, being first duly sworn upon oath or affirmation depose and
(Name of Applicant)
state:

1. On behalf of Applicant I submit this Application.
2. I swear (or affirm) and certify that the information contained in this application is true, complete and accurate to the best of my knowledge and belief.

Applicant

STATE OF _____ SS: By: _____

COUNTY OF _____ Its: _____

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared _____ and acknowledged the execution of the foregoing instrument as his/her voluntary act and deed.

WITNESS, my hand and Notarial Seal, this _____ day of _____, 20____.

My commission expires _____

Notary Public, Written Signature

County of residence _____

Notary Public, Printed Signature

DO NOT SUBMIT THIS FORM. THIS DRAFT AUTHORIZATION REQUEST HAS BEEN SUPPLIED TO YOU FOR INFORMATIONAL PURPOSES. YOU WILL BE REQUIRED TO EXECUTE THIS AUTHORIZATION OR A SIMILAR AUTHORIZATION IN THE PRESENCE OF A COMMISSION AGENT AS PART OF THE APPLICATION PROCESS.

**INDIANA GAMING COMMISSION
South Tower, Suite 950
115 W. Washington
Indianapolis, Indiana 46204-3408
Telephone: (317) 233-0046**

***** Corporate Tax Information Authorization Request *****

I, _____, the duly authorized
_____ (Corporate Office)

of _____, Inc., a _____
corporation (the Corporate Name) (State of Incorporation)

("Corporation"), Federal Identification Number: _____, on behalf
of the Corporation, do hereby authorize:

John J. Thar, Esq.
Executive Director
Indiana Gaming Commission
South Tower, Suite 950
115 W. Washington
Indianapolis, Indiana 46204-3408
Telephone: (317) 233-0046

or any of the Commission's authorized agents to receive from or inspect confidential returns, or return
information, i.e., all information in the possession of the Internal Revenue Service with respect to my tax
liability for the years _____ through _____ inclusive.

_____, Inc.

By: _____

Its: _____

DATED: _____, 20____

WITNESSED: _____
INDIANA GAMING COMMISSION